

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000093334

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: 3031 OCEAN RIDGE, INC.

Current Principal Place of Business:

1814 NW 19 STRET
FT LAUDERDALE, FL 33311

New Principal Place of Business:

1814 NW 19 STREET
FT LAUDERDALE, FL 33311

Current Mailing Address:

1814 NW 19 STRET
FT LAUDERDALE, FL 33311

New Mailing Address:

1814 NW 19 STREET
FT LAUDERDALE, FL 33311

FEI Number: 65-1140672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, KEITH
1512 NE 17 WAY
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, KEITH
Address: 1512 NE 17 WAY
City-St-Zip: FT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, KEITH
Address: PO BOX 11171
City-St-Zip: FT LAUDERDALE, FL 33339

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH DAVIS

PD

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date